MARYLAND
Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:20

Reporting for the week ending 05/18/19 (MMWR Week #20)

May 24, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS	
National:	**No Active Alerts**
Maryland:	**Normal (MEMA status)**

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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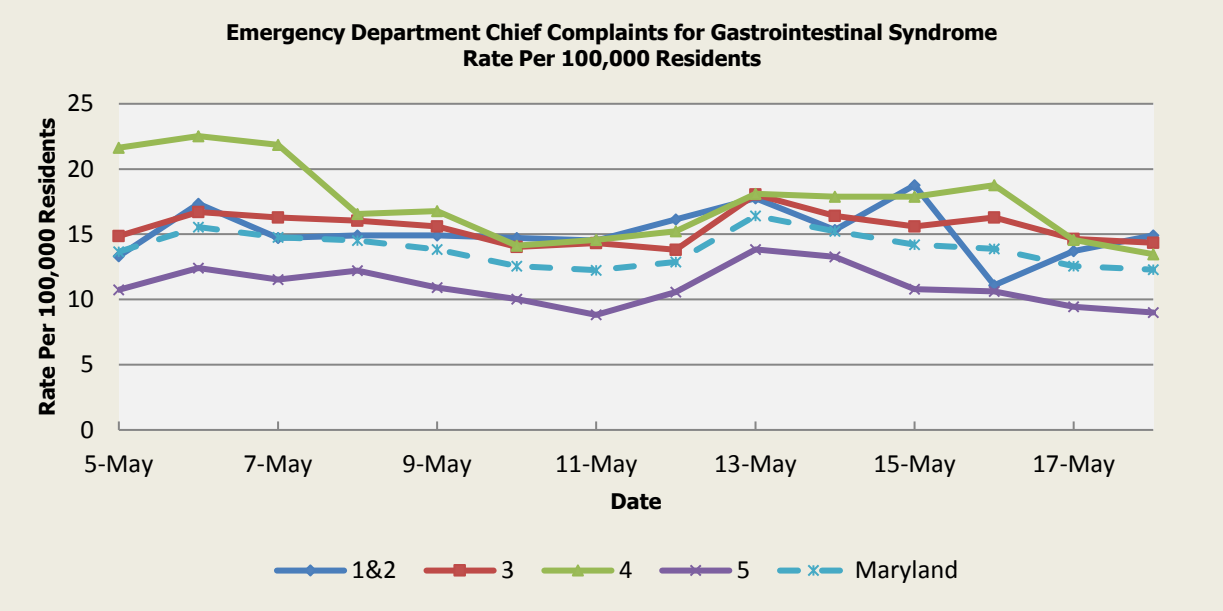
Gastrointestinal Syndrome



There were no Gastrointestinal Syndrome outbreaks reported this week.

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.24	15.11	15.88	10.23	13.14
Median Rate*	13.11	14.87	15.46	10.13	12.98

** Per 100,000 Residents*

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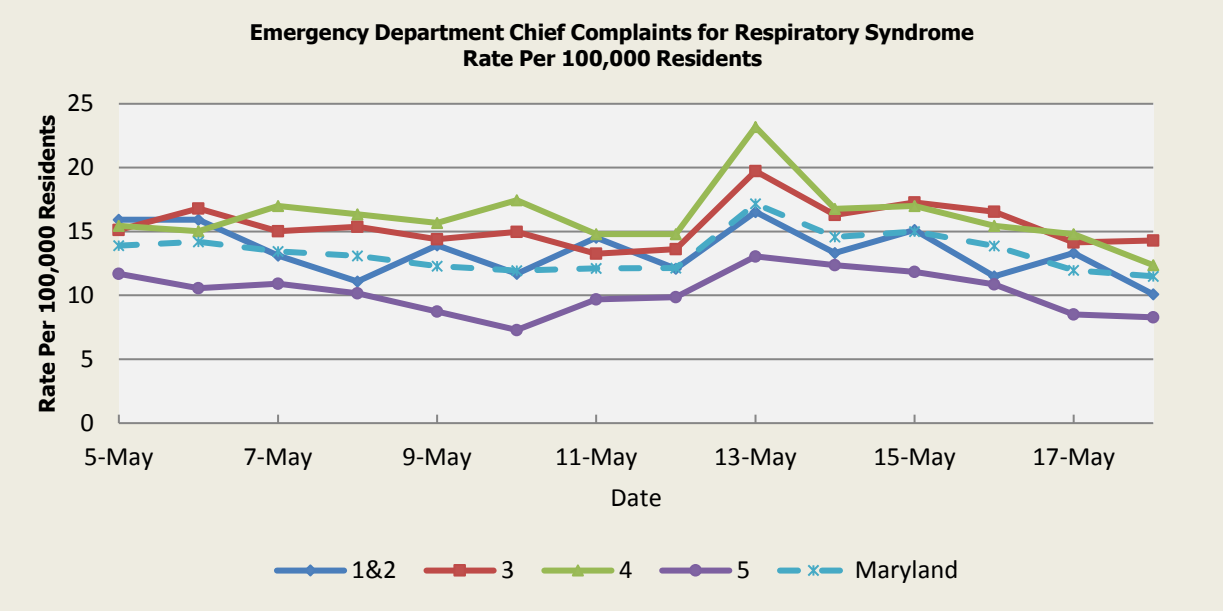
Respiratory Syndrome



There were no Respiratory Syndrome outbreaks reported this week.

	Respiratory Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.66	14.75	15.08	9.99	12.77
Median Rate*	12.10	14.18	14.35	9.65	12.28

** Per 100,000 Residents*

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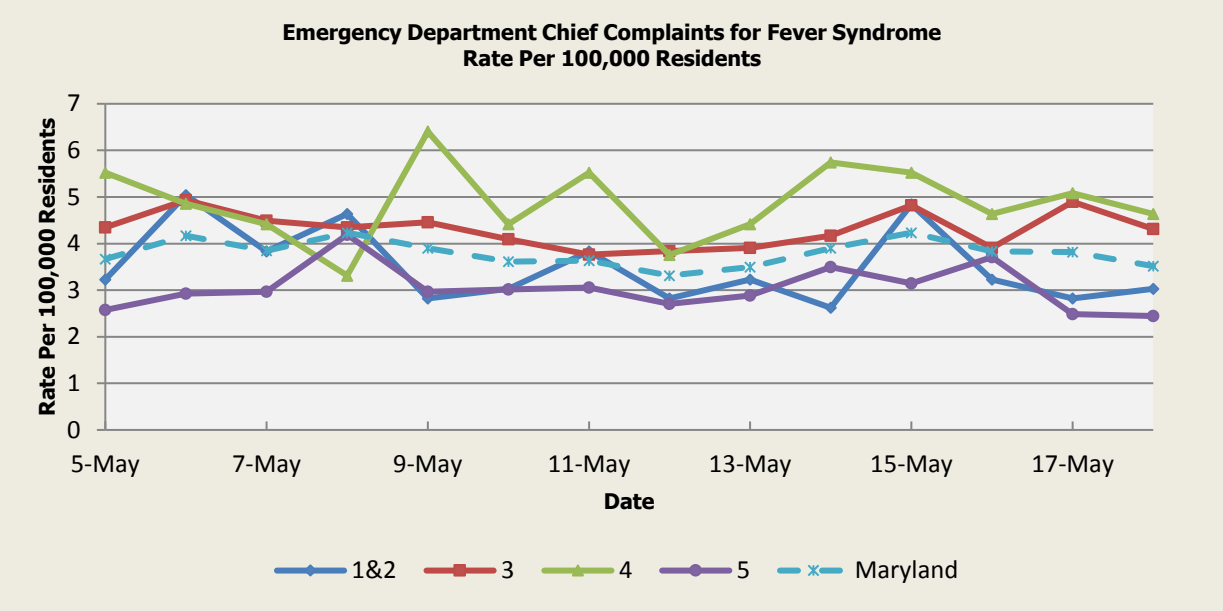
Fever Syndrome



There were no Fever Syndrome outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.07	3.90	4.10	3.04	3.52
Median Rate*	3.02	3.76	3.97	2.92	3.40

**Per 100,000 Residents*

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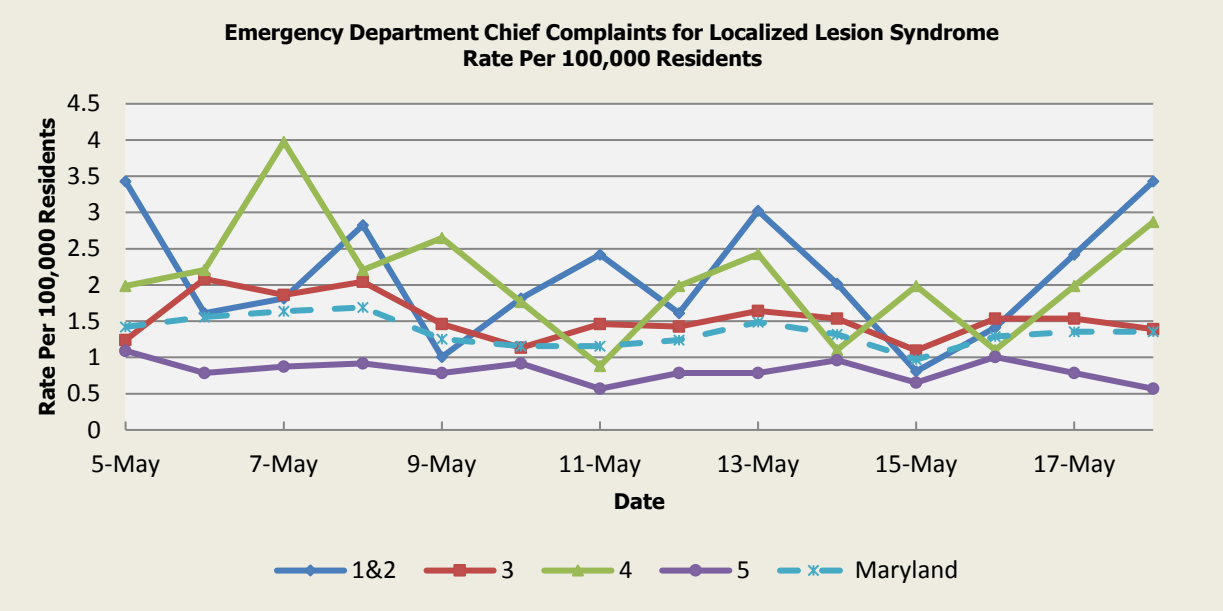
Localized Lesion Syndrome



There were no Localized Lesion Syndrome outbreaks reported this week.

	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.11	1.80	2.03	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.36

** Per 100,000 Residents*

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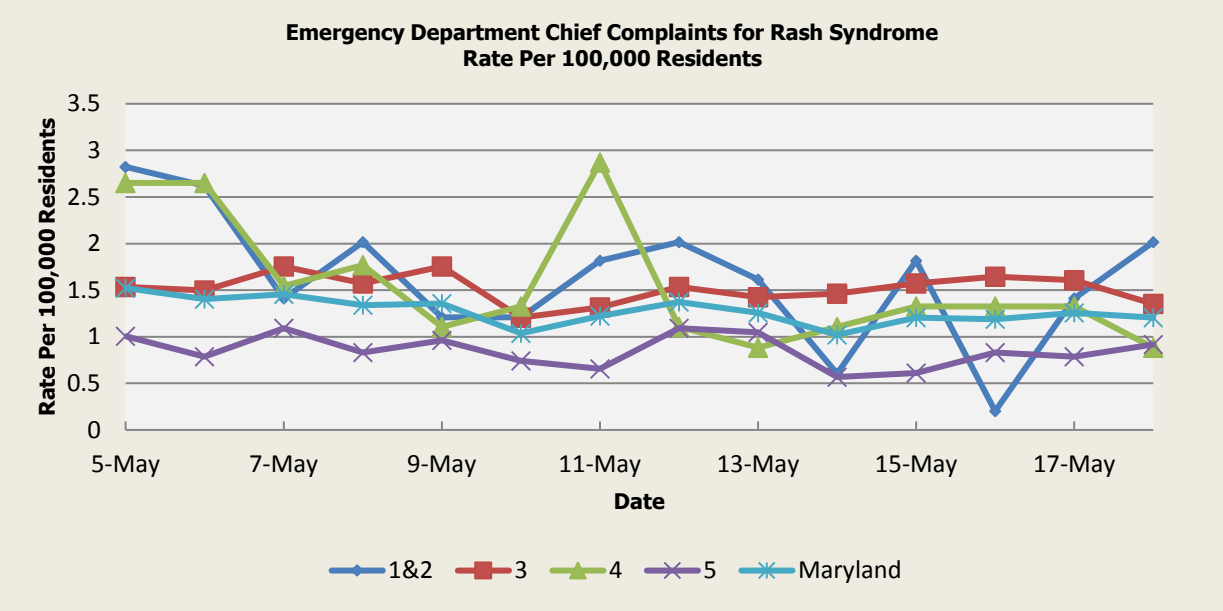
Rash Syndrome



There were no Rash Syndrome outbreaks reported this week.

	Rash Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.23	1.68	1.76	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

** Per 100,000 Residents*

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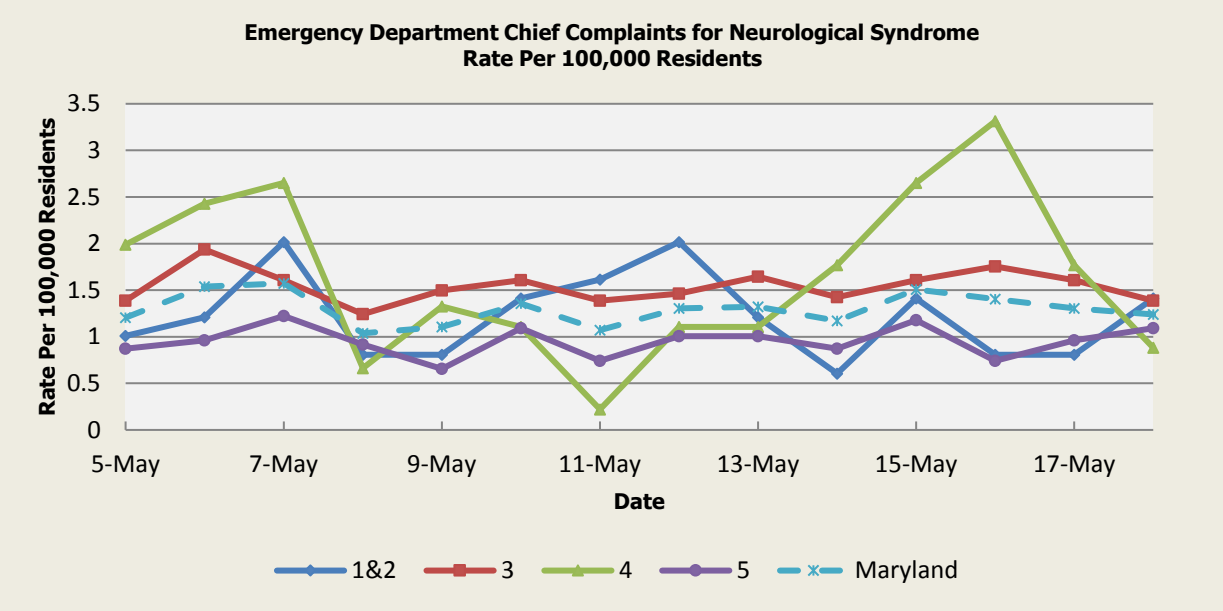
Neurological Syndrome



There were no Neurological Syndrome outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.76	0.93	0.85	0.59	0.78
Median Rate*	0.60	0.84	0.66	0.52	0.69

** Per 100,000 Residents*

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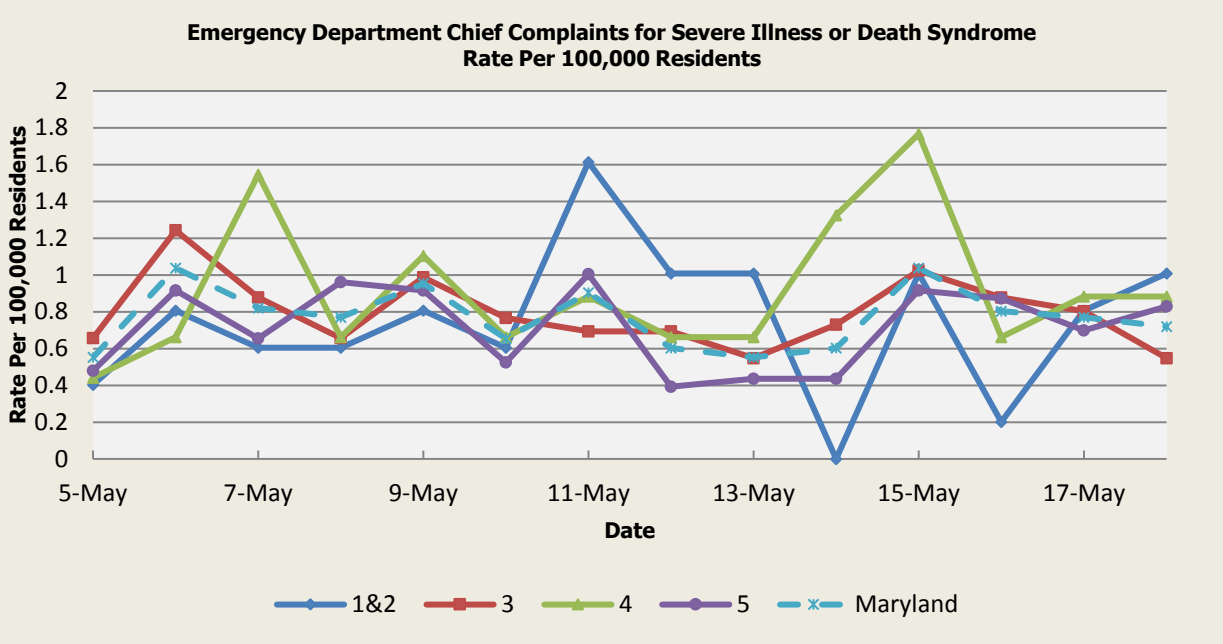
Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.83	0.51	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.69

** Per 100,000 Residents*

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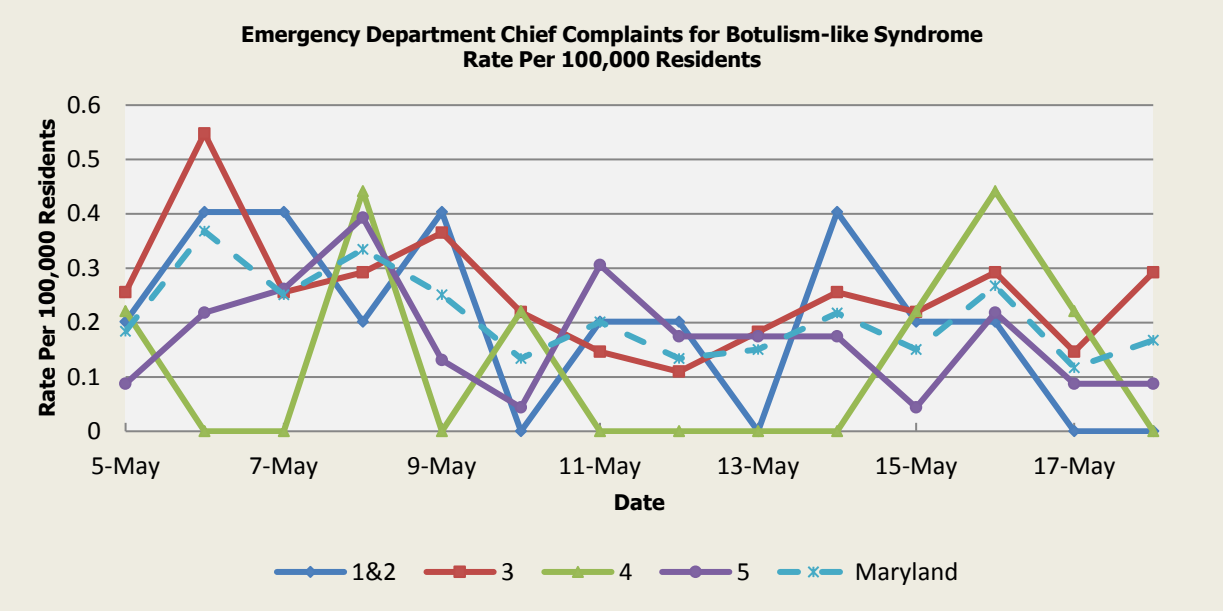
SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 5/5 (Regions 1&2,3,4), 5/6 (Regions 1&2,3,5), 5/7 (Regions 1&2,3,5), 5/8 (Regions 1&2,3,4,5), 5/9 (Regions 1&2,3), 5/10 (Region 4), 5/11 (Regions 1&2,5), 5/12 (Regions 1&2,5), 5/13 (Region 5), 5/14 (Regions 1&2,3,5), 5/15 (Regions 1&2,4), 5/16 (Regions 1&2,3,4,5), 5/17 (Region 4), 5/18 (Region 3). These increases are not known to be associated with any outbreaks.

	Botulism-like Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.12	0.06	0.07	0.09
Median Rate*	0.00	0.07	0.00	0.04	0.07

** Per 100,000 Residents*

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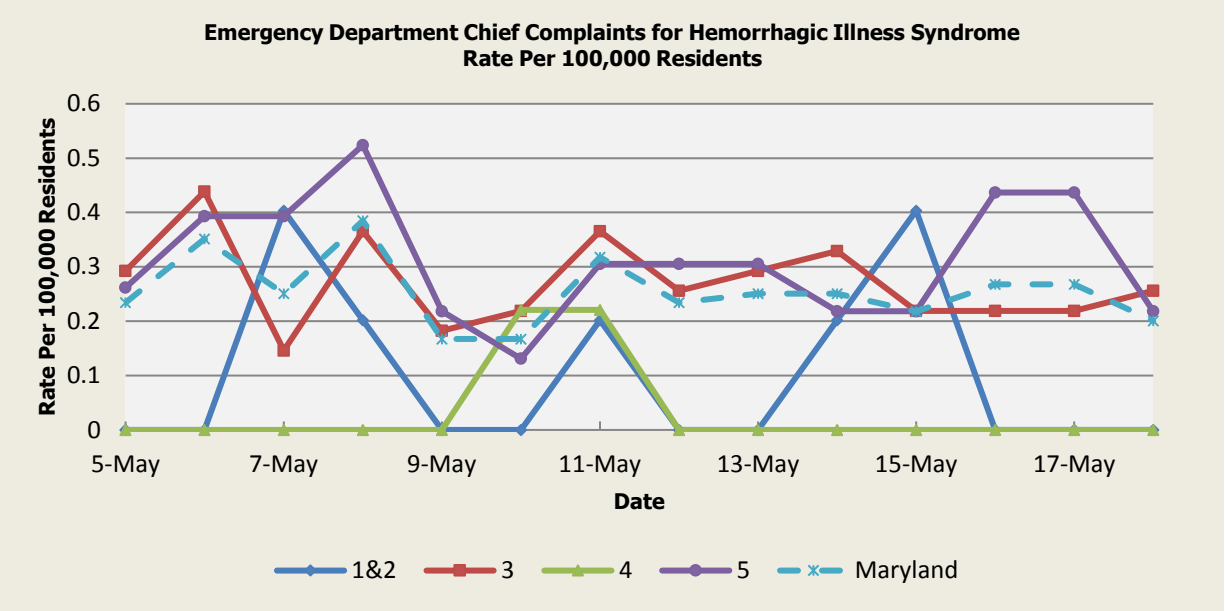
Hemorrhagic Illness Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 5/5 (Region 5), 5/6 (Regions 3,5), 5/7 (Regions 1&2, 5), 5/8 (Regions 1&2,3,5), 5/10 (Region 4), 5/11 (Regions 1&2,3,4,5), 5/12 (Region 5), 5/13 (Regions 5), 5/14 (Regions 1&2,3), 5/15 (Regions 1&2), 5/16 (Region 5), 5/17 (Region 5). These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.15	0.04	0.13	0.13
Median Rate*	0.00	0.07	0.00	0.09	0.07

** Per 100,000 Residents*

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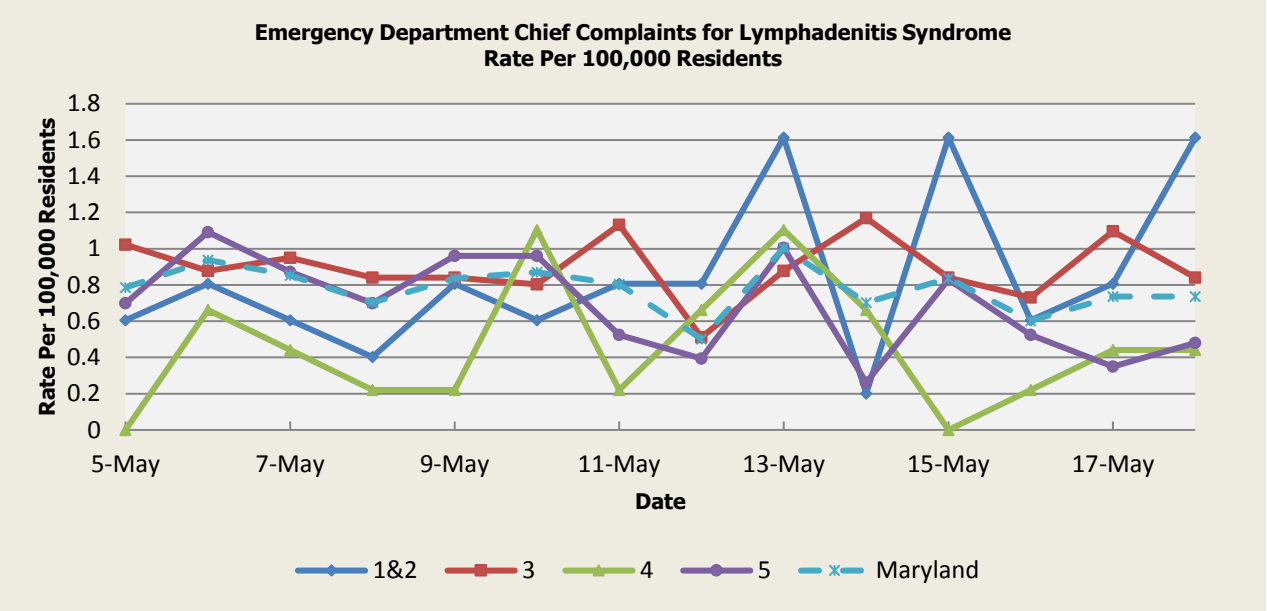
Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome 5/6 (Regions 1&2, 5), 5/7 (Region 5), 5/9 (Regions 1&2,5), 5/10 (Regions 4 5), 5/11 (Regions 1&2), 5/12 (Regions 1&2), 5/13 (Region 1&2 4,5), 5/14 (Regions 3), 5/15 (Regions 1&2,5), 5/17 (Regions 1&2), 5/18 (Regions 1&2). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.36	0.58	0.40	0.37	0.47
Median Rate*	0.20	0.47	0.44	0.31	0.42

** Per 100,000 Residents*

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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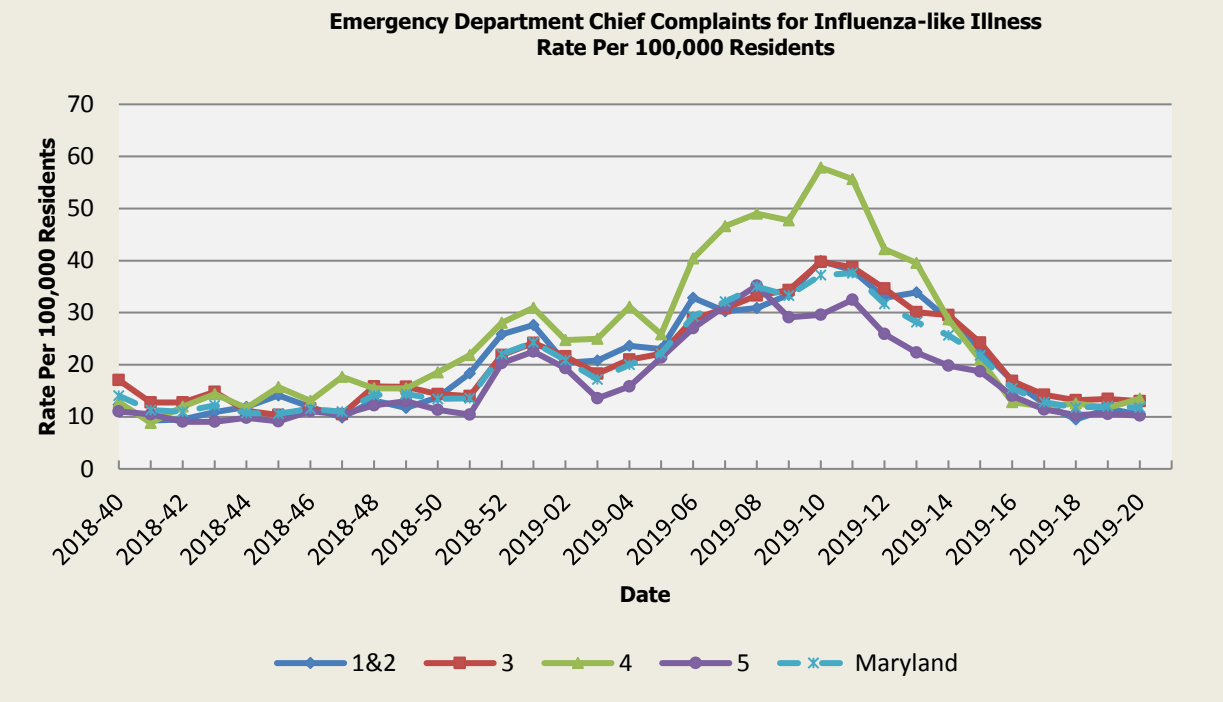
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019). Seasonal Influenza activity for Week 20 was: Minimal Intensity and Local geographic activity.

Influenza-like Illness



	Influenza-like Illness Baseline Data Week 1 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.26	13.39	12.94	11.33	12.30
Median Rate*	7.66	10.38	9.27	8.77	9.49

** Per 100,000 Residents*

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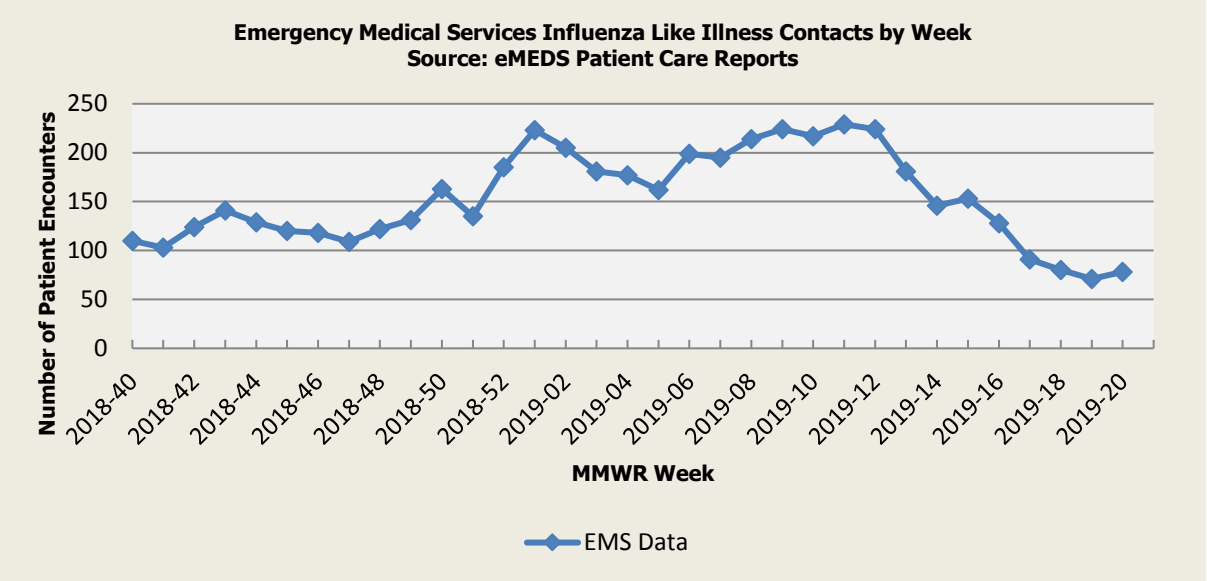
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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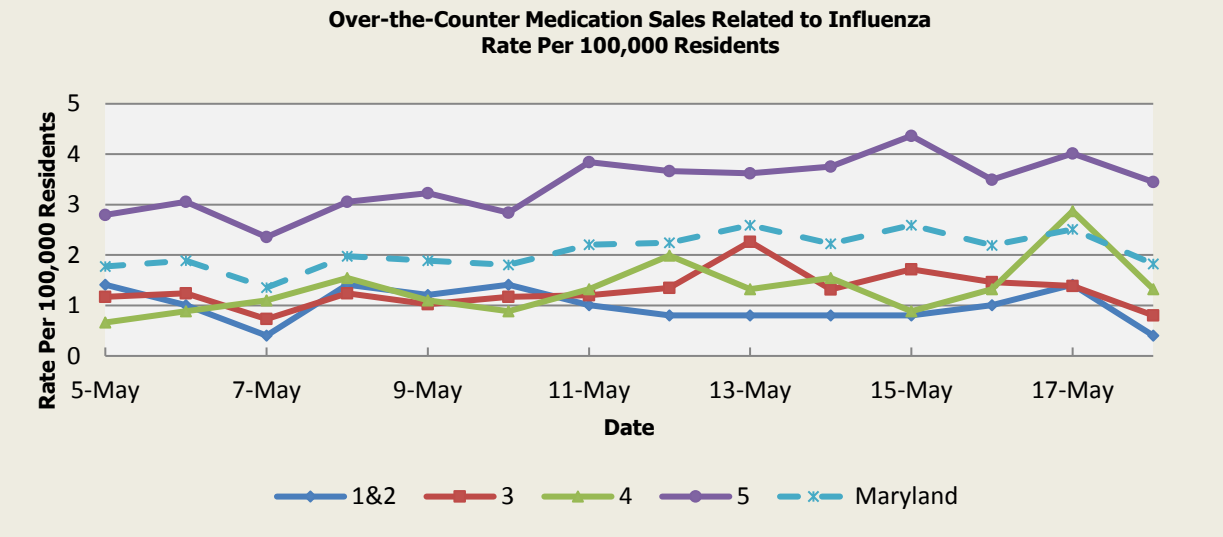
Over-the-Counter Influenza-Related Medication Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

	OTC Medication Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.56	4.59	2.72	8.01	5.67
Median Rate*	2.82	3.76	2.43	7.29	4.95

** Per 100,000 Residents*

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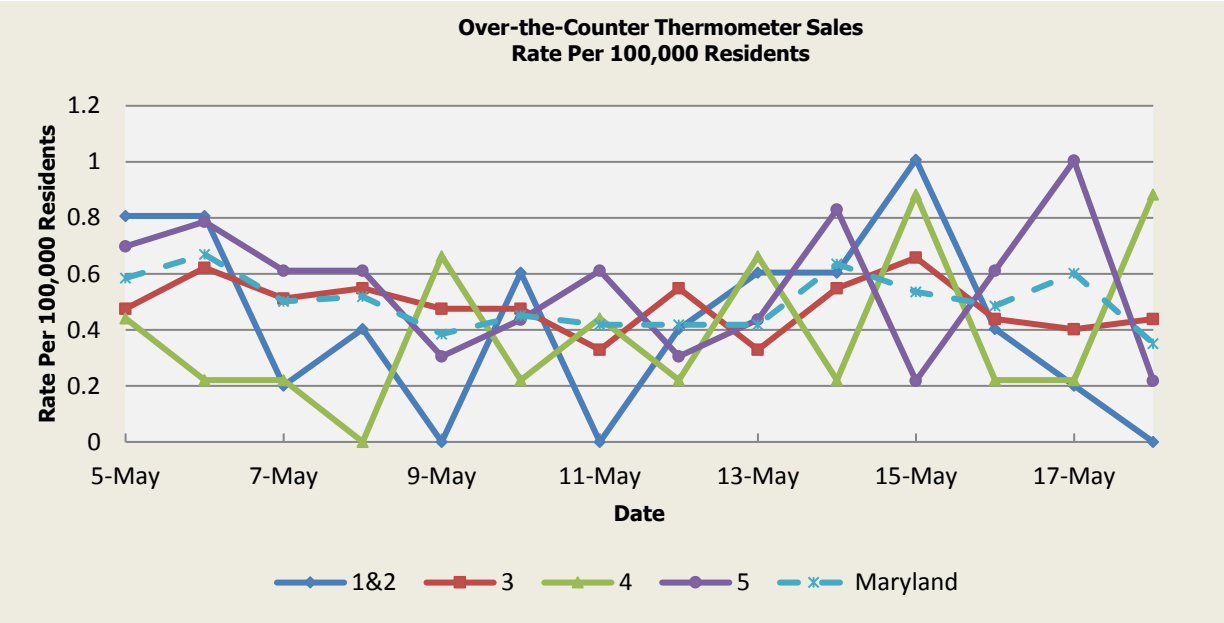
Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.04	2.90	2.30	3.85	3.23
Median Rate*	2.82	2.78	2.21	3.71	3.11

** Per 100,000 Residents*

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SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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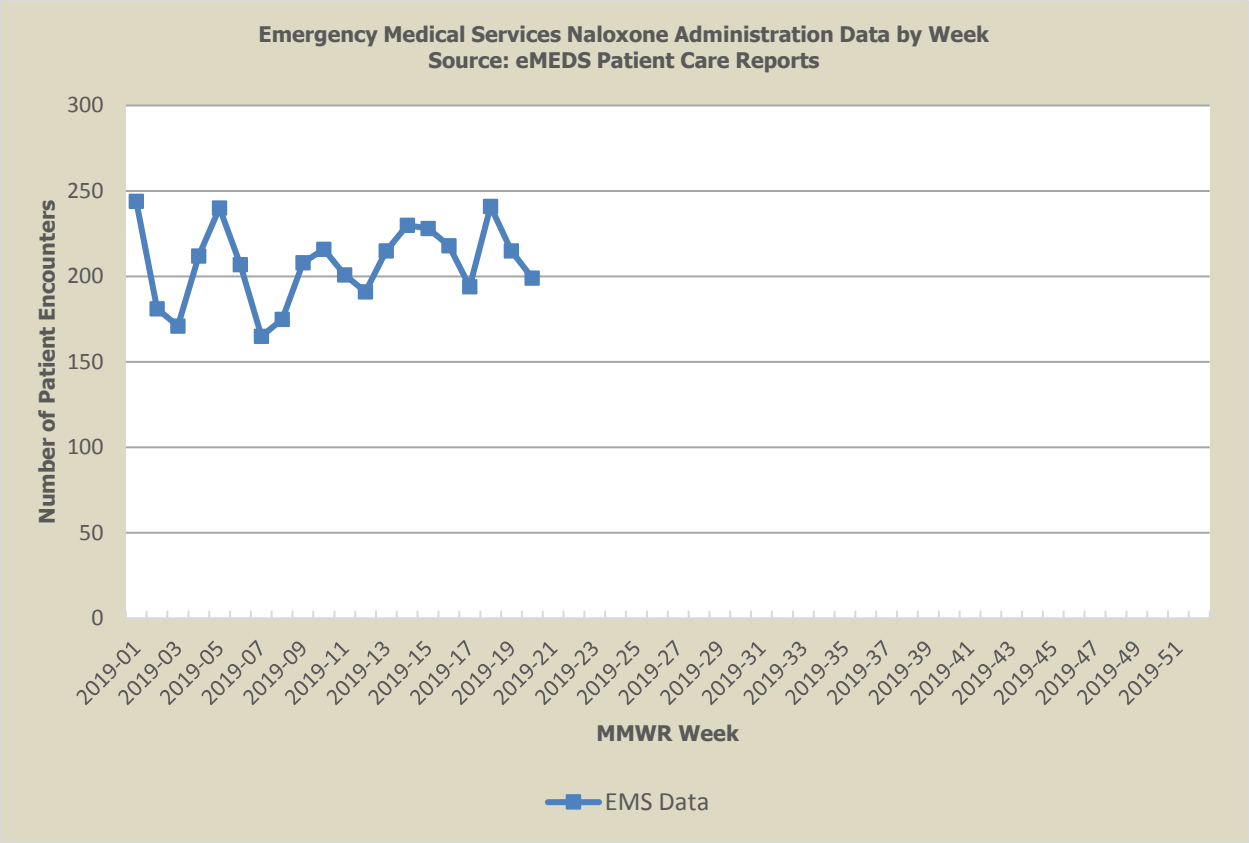
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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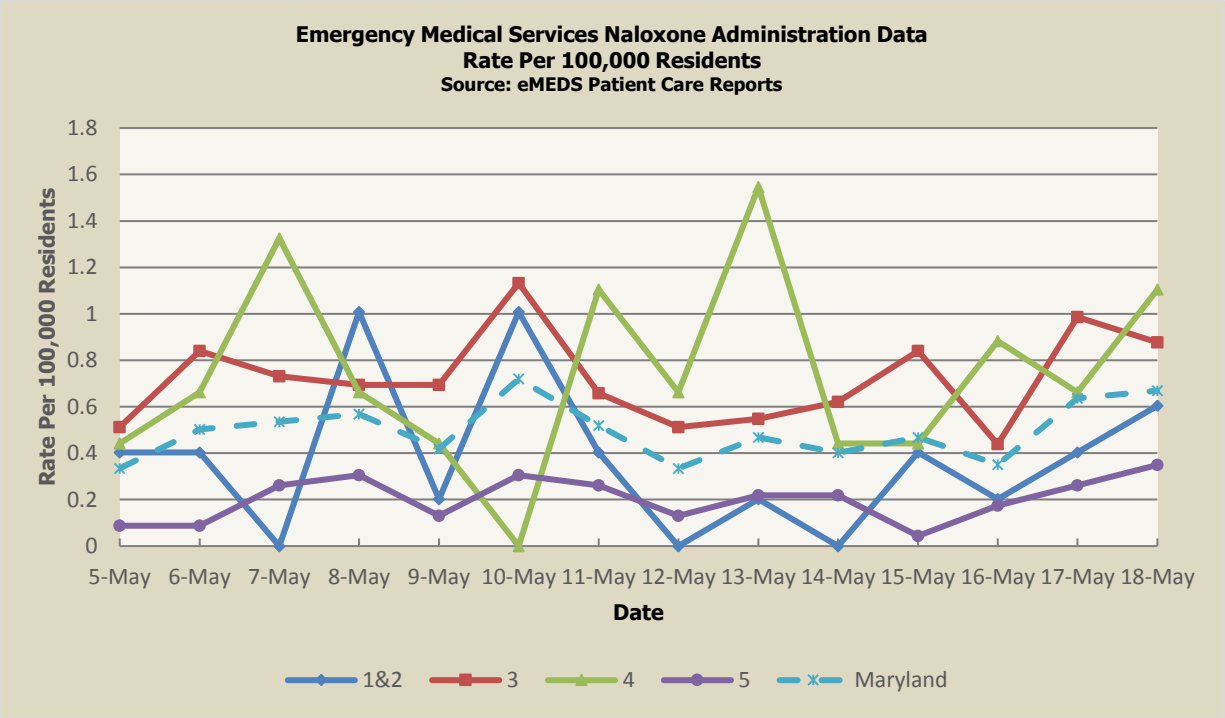
Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of May 23, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 860, of which 454 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant avian influenza reports this week.

HUMAN AVIAN INFLUENZA

AVIAN INFLUENZA, HUMAN (NEPAL), 14 May 2019, The Epidemiology and Disease Control Division says it is preparing to send specimens collected from the people who came in close contact with the person who died after contracting the H5N1 (bird flu) virus on [29 Mar 2019]. The division, under the Department of Health Services, had formed a team of medical doctors and lab technicians to carry out an epidemiological investigation after the death of a 21-year-old from Kavrepalanchok district [Province Three] from the bird flu virus. Read More: http://www.promedmail.org/post/6466304

NATIONAL DISEASE REPORTS

PERTUSSIS (MULTISTATE), 22 May 2019, A baby in California has died after contracting whooping cough, officials said, marking the 1st such death in Orange county in more than a decade. A news release posted on [Thu 18 Apr 2019] by the county's health officials did not identify the child or list the baby's age. "We are deeply saddened by this loss of life and send our

condolences to the family," Dr Nichole Quick, interim county health officer, said in the news release. Read More: http://www.promedmail.org/post/6481018

SALMONELLOSIS (MULTISTATE), 22 May 2019, Public health officials are investigating an ongoing multi-state outbreak of salmonellosis linked to consumption of certain Del Monte vegetable trays. To date, 3 people in Wisconsin and one in Minnesota, have reported becoming sick after consuming a Del Monte vegetable tray purchased from a Wisconsin or Minnesota Kwik Trip, according to a news release. Read More: http://www.promedmail.org/post/6481016

TYPHOID FEVER (MASSACHUSETTS), 22 May 2019, A cook at Kelly's Roast Beef in Saugus, Massachusetts is sick with _Salmonella_ Typhi, a bacteria which causes typhoid fever. The restaurant confirmed the information Tue 21 May 2019. The illness is rare in the United States, but more common in some developing nations. Kelly's says the employee had just returned from out of the country. Read More: http://www.promedmail.org/post/6480973

HEPATITIS A (PENNSYLVANIA), 21 May 2019, Pennsylvania's Secretary of Health, Dr. Rachel Levine has announced that the state has declared a hepatitis A outbreak with 171 cases in 36 counties. According to the map provided by the Department of Health, Allegheny and Philadelphia counties are hit the hardest with anywhere between 31-50 cases. Read More: http://www.promedmail.org/post/6479178

BOTULISM (NEW MEXICO), 21 May 2019, The New Mexico Department of Health is investigating a case of apparent wound botulism. A 30-year-old male resident of Santa Fe County is hospitalized with suspected wound botulism. This is the 1st case of wound botulism that NMDOH has been notified of in 2019. The last in-state case of wound botulism occurred in 2018 in Dona Ana County. The suspected source of infection is contaminated black tar heroin. Read More: http://www.promedmail.org/post/6479177

HANTAVIRUS (WASHINGTON), 17 May 2019, A Grant County resident is recovering from hantavirus pulmonary syndrome [HPS], the 1st case of hantavirus [infection] in the state this year [2019]. The hantavirus illness was confirmed by laboratory testing on Friday [10 May 2019] at the state Public Health Laboratory. The individual is expected to survive and is recovering at home. Read More: http://www.promedmail.org/post/6473794

HEPATITIS A (KENTUCKY), 17 May 2019, The death toll has risen to 57 in Kentucky's hepatitis A outbreak, which has fallen from its peak but still hasn't been wrestled under control, according to the state's latest weekly report. Kentucky's deaths account for one-third of what the Centers for Disease Control and Prevention said are at least 170 deaths nationally from hepatitis A outbreaks, which since 2016 have spread to 22 states, largely among the homeless population and drug users. The contagious liver disease has sickened 4621 Kentucky residents since it was declared in November 2017, the state report found. It continues to rank as the nation's largest. Read More: http://www.promedmail.org/post/6472216

INTERNATIONAL DISEASE REPORTS

SCRUB TYPHUS (INDIA), 23May 2019, Staff of the Health Department distributed preventive medicines among residents of a tribal colony at Karassery grama panchayat in Kozhikode district on [Wed 22 May 2019] after lab results confirmed that the death of one of the residents there was due to scrub typhus, a disease caused by the bacterium Orientia tsutsugamushi. Read More: http://www.promedmail.org/post/6483766

HANTAVIRUS (GERMANY), 23 May 2019, The number of cases of hantavirus -- a potentially deadly disease carried by mice and other rodents -- has dramatically increased in Germany this year [2019]. A particularly high number of infections have been recorded in the German city of Stuttgart, which is now considered an "epicentre" for the virus.
Read More: http://www.promedmail.org/post/6482626

LEGIONELLOSIS (BELGIUM), 23 May 2019, An additional patient, the 19th, was admitted to the hospital in Flanders, [East Flanders province] suffering from legionellosis. This case comes in addition to the 18 others who have been exposed to _Legionella_ bacteria in the Evergem area [East Flanders], right next to Ghent, and who developed legionnaires' disease, a lung disease that is not transmitted from human to human. Read More:
http://www.promedmail.org/post/6483462

AMEBIC MENINGOENCEPHALITIS (INDIA), 23 May 2019, A 10-year-old girl from Malappuram district [Kerala] has died of primary amoebic meningoencephalitis, an infection of the brain caused by _Naegleria fowleri_, commonly referred to as the "brain-eating amoeba." She is from Aripra near Perinthalmanna in the district. She was admitted to MES Medical College Hospital, Perinthalmanna, on [Wed 15 May 2019] with high fever. Hospital sources said she died on [Thu 16 May 2019] evening while being taken to a private hospital in Kochi for further treatment. The infection was diagnosed after her cerebrospinal fluid was sent for lab tests. A similar case had been earlier reported from Alappuzha [Kerala]. Read More:
http://www.promedmail.org/post/6480597

DIPHYLLOBOTHRIUM LATUM (FRANCE), 22 May 2019, Lovers of sushi, maki, sashimi, and other raw fish, beware of your stomach! 7 cases of fish tapeworm, better known as tapeworm [ProMED presumes it is _Diphyllobothrium latum_], have been reported in 2 years by the Rennes hospital in Ille-et-Vilaine [Brittany]. An exceptional number of cases was counted between July 2016 and September 2018, especially since no case had been detected for at least 20 years. Read More: http://www.promedmail.org/post/6480693

AMEBIC MENINGOENCEPHALITIS (PAKISTAN), 21 May 2019, People in Karachi are in the grip of deadly infectious diseases at the moment as officials in Karachi said [Fri 17 May 2019] that a 34-year old man was infected with the lethal _Naegleria fowleri_ amoeba or the brain-eating bug and was struggling for life at a private hospital in the city. Read More:
http://www.promedmail.org/post/6478568

JAPANESE ENCEPHALITIS (TAIWAN), 19 May 2019, The Centers for Disease Control (CDC) on Friday [17 May 2019] confirmed this year's [2019] 1st Japanese encephalitis case,

urging people to take precautionary measures against mosquito bites as the disease's peak season approaches. Read More: http://www.promedmail.org/post/6476397

BOTULISM (ARGENTINA), 18 May 2019, Two cases of foodborne botulism linked to hummus have been confirmed by Argentinian health authorities. The National Administration of Drugs, Foods and Medical Devices (ANMAT) reported that an investigation confirmed the botulism cases and results of an epidemiological survey determined illness was associated with a hummus product. Hummus was sold under the brand Tsuki Macro Vegan, which is based in Palermo, Buenos Aires. Read More: http://www.promedmail.org/post/6475199

HEPATITIS E (CHINA), 15 May 2019, Hong Kong has recorded 3 new cases of the rat hepatitis E infection in humans, health authorities have revealed, adding that one of the patients with an unspecified underlying illness had died. The Centre for Health Protection (CHP) said on Tuesday night [14 May 2019] it was investigating 3 separate cases, each involving an elderly man with underlying liver function issue. The men lived in different districts, with one each in Kowloon City, Southern, and Tuen Mun. Read More: http://www.promedmail.org/post/6470165

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.health.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website: http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.health.maryland.gov

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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County